

COMBINED DECLARATION & POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted After Initial Filing (37 CFR 1.16(e) Required)	Attorney Docket Number	11330-1
	First Named Inventor	Vincent Detalle et al
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR THREE-DIMENSIONAL COMPOSITIONAL MAPPING OF HETEROGENEOUS MATERIALS

the specification of which

☒ is attached hereto OR

☐ as filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International Application Number _____ and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplementary priority data sheet (PTO/SB/02B) attached hereto:

**COMBINED DECLARATION & POWER OF ATTORNEY-
Utility or Design Patent Application**

Attorney Docket No. ~~9002277~~
11330-1

I hereby appoint Practitioners at Customer Number **25277**

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

J. Wayne Anderson, Regn No: 28,158
National Research Council of Canada
Intellectual Property Services Office
EG-10, Bldg. M-58, Montreal Road
Ottawa, Ontario, Canada K1A 0R6
Tel: (613) 993-3899
Facsimile: (613) 952-6082

I hereby declare that all statements made herein of my own knowledge are true and that all statements were made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **Vincent**

Family Name or Surname **Detalle**

Inventor's Signature *V. Detalle*

Date **14 November 2001**

Residence: City **Montréal**

State **Québec**

Country **Canada**

Citizenship **France**

Mailing Address **6802 Boyer**

City **Montréal**

State **Québec**

ZIP **H2S 2J7**

Country **Canada**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **Marc**

Family Name or Surname **Dufour**

Inventor's Signature *M. Marc Dufour*

Date **15 November 2001**

Residence: City **Outremont**

State **Québec**

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Mailing Address **808 Pratt**

City **Outremont**

State **Québec**

ZIP **H2V 2T8**

Country **Canada**

NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **Jean-Pierre**

Family Name or Surname **Monchalain**

Inventor's Signature *Jean-Pierre Monchalain*

Date **November 14, 2001**

Residence: City **Montréal**

State **Québec**

Country **Canada**

Citizenship **Canada**

Mailing Address **3840 Wilson**

City **Montréal**

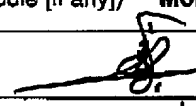
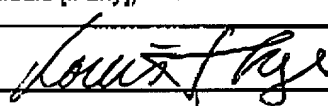
State **Québec**

ZIP **H4A 2T8**

Country **Canada**

☐ Additional Inventors are being named on the supplemental Additional Inventors sheet PTO/SB/02A attached hereto.

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COMBINED DECLARATION & POWER OF ATTORNEY- Utility or Design Patent Application				ADDITIONAL INVENTOR(S) Supplemental Sheet 11330-1 11330-1	
NAME OF FORTH INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Mohamad			Family Name or Surname Sabsabi		
Inventor's Signature 			Date 14/11/2001		
Residence: City	Boucherville	State	Québec	Country	Canada
Mailing Address 131 Louis-Joseph-Lafortune					
City	Boucherville	State	Québec	ZIP	J4B 6T4
			Country	Canada	
NAME OF FIFTH INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Louis			Family Name or Surname St-Onge		
Inventor's Signature 			Date 14 november 2001		
Residence: City	Côte-Saint-Luc	State	Québec	Country	Canada
Mailing Address 5628 Wolseley					
City	Côte-Saint-Luc	State	Québec	ZIP	H4W 2L3
			Country	Canada	
NAME OF SIXTH INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State		Country	
Mailing Address					
City		State		ZIP	
			Country		
NAME OF SEVENTH INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature			Date		
Residence:		State		Country	
Mailing Address					
City		State		ZIP	
			Country		